



Bridge Condition Report

Bridge Number		Bridge Name	
Year Built/Widened	Contract Number(s)		Sufficiency Rating <input type="checkbox"/> S.D. <input type="checkbox"/> F.O.
Type of Work Proposed <input type="checkbox"/> New Structure <input type="checkbox"/> Replacement Structure <input type="checkbox"/> Deck Overlay <input type="checkbox"/> Deck Replacement <input type="checkbox"/> Barrier Modification (Replacement) <input type="checkbox"/> Widening <input type="checkbox"/> Exempt Bridge From Project <input type="checkbox"/> Other		Bridge Type <input type="checkbox"/> Concrete T-Beam <input type="checkbox"/> Box Girder <input type="checkbox"/> Prestressed Concrete <input type="checkbox"/> Steel Girder <input type="checkbox"/> Timber Trestle <input type="checkbox"/> Steel Truss <input type="checkbox"/> Other	
Bridge Width (Curb to Curb)	Bridge Length	Wearing Surface/Protection <input type="checkbox"/> Concrete <input type="checkbox"/> ACP w/Membrane <input type="checkbox"/> Other <input type="checkbox"/> THIN <input type="checkbox"/> Epoxy Coated Rebar <input type="checkbox"/> ACP <input type="checkbox"/> Latex or Low Slump	
Rail Type	Rail Height		
Rail Meets Current Standards <input type="checkbox"/> Yes <input type="checkbox"/> No	Sidewalk Width	ADT	Number of Lanes
Guardrail Connectors <input type="checkbox"/> Type 3 <input type="checkbox"/> Term F <input type="checkbox"/> Other <input type="checkbox"/> None		Deck Protective System Recommendations Overlay Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Type <input type="checkbox"/> 3/8" Polymer <input type="checkbox"/> Latex <input type="checkbox"/> Microsilica Remarks	
Vertical Clearance _____ ft. _____ in. <input type="checkbox"/> Truss <input type="checkbox"/> Undercrossing			
Bridge Deck Survey Delamination Results Chloride Results Rebar Results			
Expansion Joints Existing Type _____ Modification Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None		Drains Modification Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Reviewed By _____ Date _____	